## NOI 00000 7370

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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10/15/09--01047--020 \*\*35.00

P.A. Charge C.COULLIETTE QC TI 6 2009

EXAMINER





1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

October 15, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7676902 SO

Customer Reference 1: COA

Sustainer Reference 1. COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

North Hillsboro Lodge No. 1741, Loyal Order of Moose, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed apon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## **COVER LETTER**

TO:	Amendn Division	nent Section a of Corporations					
SUBJECT: North Hillsboro Lodge No. 1741, Loyal Order Of Moose, Inc.							
0020		Name of C	orporation				
DOC	UMENT N	NUMBER:NOI	000007370				
			e/Agent and fee are submitted for filing.				
Please	e return all	correspondence concerning this matter	to the following:				
		Name of Co	ntact Person				
		Firm/Co	mpany				
			PAGG				
	Address						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
		L-man address. (to be used for r	and amount report notification,				
For fu	urther infor	mation concerning this matter, please o	all:				
			at () Area Code & Daytime Telephone Number				
	N	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclo	sed is a \$3:	5.00 check made payable to the Depart	ment of State.				
		Mailing Address: Amendment Section	Street Address: Amendment Section				
		Division of Corporations	Division of Corporations				
		P.O. Box 6327	Clifton Building				
		Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

CR2E045 (8/05)

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organiz	, 607.1508, or 617.1508, Florida $\mathfrak S$ and under the laws of the State of $\mathfrak S$ red agent, or both, in the State of F	lorida	
1. The name of t	he corporation: North Hill	Isboro Lodge No.	1741, Loyal Order Of Moose, Inc.		
2. The principal				· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	10/15/01	Document number:	N01000007370	
	street address of the curn truent of State: (If resigne		ent and registered office on file wi	th the	
	CORPORATION SERVI	ICE COMPANY		50 <b>0</b> 0	
1201 HAYS STREET TALLAHASSEE FL 32301				09 007	
				_ 58 5	
6. The name and (if changed):	street address of the new	v registered agent	(if changed) and /or registered off		
	C T Corporation System			38 _	
c/o C T Corporation System, 1200 South Pine Island Road					
P.O. Box NOT acceptable					
	Plantation, Florida 33324		****	-	
The street address as changed will	ess of its registered office be identical.	e and the street a	ddress of the business office of it	ts registered agent,	
Such change wa authorized by	as authorized by resolutine board, or the corporat	on duly adopted ion has been not	by its board of directors or by an ified in writing of the change.	officer so	
]	//		Kimberly Breunling, Vice		
~	e of an officer of director	<u> </u>	Printed or typed name and ti	tle	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	stered agent and sions of all statu I accept the oblig t a change in the g of this change.	l agree to act in this capacity. tes relative to the proper and con gation of my position as registere registered office address, I herel	nplete performance d agent. Or, if this by confirm that the	
By: CT Corporation System 10/15/2009					
Signature of Registered Agent Date Rebecca Barth, Assistant Secretary					
If signing on be	half of an entity:				
Т	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*